[*With Author's Compts.*]

FOUR YEARS'

TREATMENT OF INSANITY

AT

GARLANDS ASYLUM,

WITH REMARKS.

BY

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FOUR YEARS' TREATMENT OF INSANITY AT GARLANDS ASYLUM,

WITH REMARKS.

In The Lancet of August 2nd, 1879, I published a paper* dealing with the results of five years' practice at Garlands Asylum, discussed the treatment which I had used in several recognised forms of excitement, and summarised my experience of treatment by sedatives in maniacal excitement, and hypnotics in the insomnia associated with the different forms of mental disorder under care during that period. I also dealt with several agencies valuable in curative treatment. In all walks of life it is well to look back on one's doings, and if possible to profit by experience. In the practice of medicine, when so much is at stake to the patient, it is clearly a duty to see what the results have been—to see where improvement can be effected, and how.

To me it does not seem out of place to discuss the treatment of insanity in a general medical journal. The more asylum physicians can keep up their interest in, and their general knowledge of, their profession, the better for them and the special study they are engaged in. A large proportion of the cases treated by the medical profession in private practice are functional or organic diseases of the nervous system, and a very great proportion of the patients sent for treatment to a county lunatic asylum would, if they had the means, be treated at home. I think that I may quite safely assert that county asylums perform functions now quite different from what they did, say, fifteen years ago, that a change has come over the character of the inmates sent to them, and that asylums now more nearly resemble hospitals than they did. Patients are sent in at an earlier stage of their disease; this is in consequence of repeated mention in asylum reports of the evils of delay, and the attention which has been called to the very much greater curability of those whose attack previous to admission had been of limited duration. This change should have greatly raised the rate of recoveries in asylums, and would have

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* The Treatment of Excitement by Sedatives or otherwise.

done so but for the counterbalancing changes—the first of which is undoubtedly the inducement offered for sending any cases which can be certified as insane to an asylum so as to enable the Government subsidy to be received for their maintenance. This subject has been commented on by the Commissioners in Lunacy, and by many medical superintendents of asylums. Dr. Maudsley* clearly and accurately indicated what the probable tendency of this legislative action would be, and in discussing the matter, he says—"Just as in olden times a reward of so much for each wolf's head led to the rapid extinction of wolves in England, so we may expect that this premium on lunacy will tend to diminish materially, and perhaps to render gradually extinct, the race of sane paupers in England." Other influences have also tended to alter the character of the admissions. The working classes, especially those resident in towns and villages, are now less tolerant of eccentricities in their aged relatives. On signs of mental decay presenting themselves, they gladly, if possible, get them consigned to an asylum; by this means they free themselves of care and trouble, and if they are mulcted in the expense or the portion of it which falls on the parochial rate, they probably find it cheaper than keeping their relatives at home, while in most counties their knowledge of the manner in which the patients in asylums are dealt with makes them quite willing that they should be so cared for. If the question arises between workhouse and asylum, they go in for the latter. Then the sort of weak-minded "ne'er-do-weels" from the lower classes are more easily disposed of by being sent to an asylum than in any other way. While the want of definiteness in the lunacy law as to the care and provision for cases so far recovered as not to need asylum treatment, prevents the relief which might otherwise be available by the disposal of this class of case.

To show how admission of aged patients has increased I may mention that in this asylum, during the ten years ending 1872, 25 patients above seventy years of age were admitted (2·7 per cent. of the total admissions). In the ten years ending 1882, 50 above seventy (or 4·2 of the total) were admitted. At times asylum recovery and death-rate are prejudicially acted on by carelessness in medical examination prior to admission; patients are sent in a dying state,

* The alleged Increase of Insanity, Jour. of Mental Science, April, 1877.

when removal hurries the end, or delirious conditions, the result of other disease or accident, are mistaken for insanity. I discussed this at length lately.*

In asylum practice at present there are many outlets for energy, in the details of general management, in beautifying the surroundings, in increasing the sanitary safeguard, in extending the industrial occupations, in increasing the real liberty of those under treatment, in furnishing suitable forms of amusement, recreation and intellectual enjoyment, as much as in providing a varied, nutritious, and economical diet for the patients; but in dealing with these matters they should be looked upon merely in the light of necessary details, not made matters of primary importance to the exclusion of the real medical work, of observation, treatment, and research which is necessary to keep this branch of our profession on a level with others. Costume balls, polished floors, unlocked doors during so many of the twenty-four hours, choral services almost equal to those of a cathedral, æsthetic painting and papering, and true harmony of colours in the decorations, should only be considered useful so far as they do good to the patients; after they pass this, it is questionable whether they do not merely degenerate into forms of quackery made use of for advertisement.

Why do a large proportion of the cases admitted into asylums become demented? Why do a large number of those who are in good bodily health become demented? Why do cases recover from several attacks of excitement, and then, after one attack which has in no way differed from former attacks, become demented? Does dementia occur to a greater extent in one asylum than in another, and, if so, can the cause be ascertained? Would it not be well to investigate into the disparity between the recovery rates under different forms of treatment, and in different asylums? Is it from want of individual attention that in many cases failure of recovery takes place? Would a larger proportion of medical officers or of attendants prevent this great yearly increase of chronic lunacy? Free discussion of modes of treatment, with comparison of results, seems to me the only way to arrive at a solution of these important questions. General medical and surgical subjects are discussed over and over again. Forms of treatment and results occupy the

* The Necessity for Careful Physicial as well as Mental Examination prior to sending Patients to Asylums, THE LANCET, July 1st, 1882.

time and attention of the thinking portion of our profession, and the pages of our medical papers teem not with new discoveries, but with minor improvements in well-known modes of diagnosis and treatment of given diseases.

In some respects, however, so far as I see, our treatment of insanity is before our knowledge of the real causes and physical changes which produce it, and must remain so until we proceed, as in hospitals attached to the medical schools of the present day, to investigate more closely than we do into the state not only of the organs but of the excretions. We have undoubtedly of late years progressed in this direction, but the proportion of medical officers in most asylums is too small for the real work which should be done,* and which must be done if our knowledge in this branch is to keep on a level with what is being done in other walks of our profession. Professor Gairdner, in his Presidential Address† to the Medico-Psychological Society last year, in speaking of disease generally, has expressed most succinctly and lucidly what greatly constitutes the general principle of treatment in force in many asylums at present. "We have come to aim at treating not so much the disease as the man affected by the disease, administering our remedies not upon the principal of warring with an occult foe, in some obscure corner of the organism, but on the far higher principle of dealing with the whole man, and assisting, sustaining, supporting all that is sound in him to overcome what is unsound." During the last four years the treatment in this asylum has been pursued under considerable difficulties, the asylum has been overcrowded and its capabilities have been inadequate to the admission rate. Additions have been in progress at several different points which hampered the work of the institution, and which, by calling for expedients to overcome them, caused energies which might have been better employed to be diverted from their legitimate pursuits. I believe the frequent enlargements which have to take place in our asylums are greatly the cause of our slow advance in knowledge in this department. While fully acknowledging that circumstances have prevented treatment from having been pursued is as scientific a method as it

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* Dr. Rayner, Hanwell, has been recently calling attention to this in THE LANCET.

† Journal of Mental Science, October, 1882.

might otherwise have been, I yet see in this no cause for withholding a summary of the treatment and results.

During the four years ending 1882, 495 patients have been admitted, 235 have been discharged as recovered, and 152 have died, the recoveries have been at the rate of 47·4 per cent., calculated on the admissions the deaths at the rate of 8·6 on the average numbers resident; these are the general results; but if we look at them from another point of view, and simply deal with the 495 patients who were admitted, the following is the result: 207, or 41·8, have been discharged as recovered, and 68, or 13·7, of the number have died, leaving 191, or 38·5 of the number remaining:—

Table showing the Results of the Four Years.

Years.	Admitted.	Recovered.	Died.	Remaining.	Percentages on Total Admissions.		
					Recovered.	Deaths.	Remaining.
1879	112	59	17	26	52·6	15·1	23·2
1880	129	60	28	32	46·5	21·7	24·8
1881	114	53	16	36	46·4	14·0	31·5
1882	140	35	7	97	25·0	5·0	69·2
Totals	495	207	68	191	41·8	13·7	38·8

Now of the 26 patients remaining from the admissions in 1879, 4 are so much improved that I believe they will yet recover and be fit for outside life; 6 were cases of chronic insanity when admitted; 2 were confirmed epileptics; 3 were Irishmen, with strong predisposition to insanity; 2 of the remaining 11 had delusions and still have them, and the other 9 have not recovered, and I do not know why. An examination of the 32 remaining from 1880 shows 5 improved, still improving, and likely to recover; 5 on admission were chronic cases; 5 were epileptic; 2 general paralytic; and 1 a senile case. Of the remaining 14, 6 recovered up to a certain stage; nothing that I can see stands in the way of recovery, but they have not recovered, and probably may not, and I am quite in the dark as to the cause. The 36 that remain of the admissions of 1881 show 7 likely to recover; 2 who may recover; 6 senile cases; 2 epileptics; 3 general paralytics; 5 Irish, who had delusions on admission and who have not improved, appear to have been

long insane; the other 11 looked very unpromising from the first. Concerning the 97 remaining at the close of 1882, it is rather premature to discuss them in an exhaustive manner with anything like accuracy, as 38 of them were admitted during the last three months of the year; 7 were imbeciles; 5 were epileptics; 5 were general paralytics; 10 were patients belonging to this county who had for some years been boarded out in another asylum. I estimate that 37 are in a fair way towards recovery, which will, if my prognosis is correct, make a recovery-rate of over 50 per cent. on the admissions of last year. I find that of the 191 remaining, 24, or 12·5 per cent., of the number are Irish, most of whom were admitted without a history and appeared to have been insane for a long time. The admission of Irish in this asylum prejudicially affects the recovery-rate.

Having disposed of the general results and shown, so far as recovery, death, or asylum retention is concerned, the disposal of these four years' admissions (it seems to me unnecessary to deal with a small proportion, chiefly imbeciles, removed to workhouses or to friends), I shall now shortly discuss what was done in the way of treatment, dealing first with medicinal treatment.

Table of Summary of Treatment.

Years.	No. of Admissions.	Treated by		
		Tonics.	Hypnotics.	Continuous Sedatives.
1879	112	50	20	2
1880	129	47	11	4
1881	114	39	8	1
1882	140	53	3	2

The tonic and blood restorer that I have principally used has been iron and quinine, the tincture of the muriate in from five to ten minim doses, and quinine in one grain doses; in a few cases the citrate of iron and quinine was used, in several Easton's syrup, also tincture of the muriate and tincture of quassia, and in one or two instances a solution of strychnia and quinine. I have also used very freely malt extract and cod-liver oil in the treatment of these cases, though I do not include either in the above table. Malt extract has wonderful weight-producing effects, and is of use

also in persistent refusal of food; it seems to assist digestion in unsalivated and unmasticated food. In a case that I fed for a long time with the tube during 1881 and 1882, while I gave malt extract with feeding the patient gained in weight, when it stopped he lost. I also used stimulants freely in the recent cases whenever I thought them likely to be of use. Bitter beer (Bass), London stout (Barclay and Perkins), Islay whisky (Lagavulin distillery), were the forms used. I have already discussed the mode in which stimulants are made use of in this asylum, so do not enter on the subject here.* The treatment by hypnotics here merely signifies that for usually a limited number of nights sleep was antificially produced, and in all but two cases chloral was the drug used; in two bromide of potassium, a very mild sedative, was given. In the nine cases that were treated by sedatives continuously during the day for some time, bromide of potassium was the agent used in all but one case, and in that case a mixture containing tincture of opium and tincture of hyoscyamus was used; this latter was a general paralytic. In a considerable number of cases, where syphilitic taint was known to exist or suspected, iodide of potassium was used in combination with tincture of cinchona; in several cases marked mental amelioration rapidly ensued.

It is unnecessary to say that the functional ailments of the female patients were specially treated, and also other general or local physical disease in patients of either sex. All the epileptics who were admitted were treated continuously with bromide of potassium; in fact, for many years all the epileptics in the asylum who would take medicine have been continuously on this treatment with good effect, and their state is regularly examined into at short intervals. I have used blisters to the head in five cases, and continuous counter-irritation by tincture of iodine in one case, though in none of these cases has recovery taken place, yet in two it may; they were all cases threatening to become totally demented. I should like to hear the experience of others as to blisters in such cases. I have used the morning cold shower bath freely and with good effect in a large number of cases during the summer months, but I have nothing to add to what I have already said† on the

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* Note on the absence of beer in an Asylum dietary, THE LANCET, May 14th, 1881.

† The Shower Bath in Insanity, Journal of Mental Science, Jan. 1873,

value of this as a curative agent in certain given forms of insanity. I may shortly state that during these four years I have found it unnecessary to use continuous sedative treatment, or sleep-producing draughts, to the same extent that I did during the previous five years. I believe this to be due to the greater attention devoted to the recent cases, the more extended open-air treatment in force, and the greater absence of asylum-made excitement which now exists here. Nothing can be more prejudicial to new patients than to be herded among an unruly lot of noisy chronic lunatics, and I am also of opinion that the plan of having very large wards to contain over fifty and up to a hundred patients is inimical to proper care, comfort, and safety for the patient as well as detrimental to cure. Attendants in a very large ward so subdivide care, responsibility, and attention, that when anything happens it is quite impossible to find who is to blame, and when it is the work of many little real interest or attention is paid to any one patient. Better results are certainly arrived at by subdivision of both patients and attendants.

Attendance.—Hitherto too much has been expected from asylum attendants; most asylums have too few attendants for really proper curative treatment. Each new patient should, if at all excitable, have a special attendant for some time after admission. The increase in night attendants which has taken place in English asylums, owing to the repeated suggestions of the Commissioners in Lunacy, is a much-needed step in the right direction. The residuum of the last ten years' admissions into this asylum is a much more easily dealt with, more orderly, cleaner, and less noisy lot, than the older residua, and this I believe is entirely owing to the greater care and attention both by day and night that was expended on them, especially during the first portion of their residence here.

Out-door exercise.—I dealt at length in my former paper with this subject. I need only say that weather, and the patients' state allowing of it, I have kept all the excited patients out all day with excellent results; the excitement quickly subsides in most cases, the general health improves, and natural sleep becomes re-established; but while this treatment is most useful in the majority of excited cases, there are some in which it may do harm.

Rest in bed.—In going over some asylums, I have heard it pointed out as a thing to be proud of how few cases there were in bed. This is a wrong state of matters if bed would

have been the best place for some of the patients. There are certain cases that, instead of being walked out, really require rest in bed and constant and careful feeding to quiet them—I refer to excitement, the result of nervous exhaustion in aged and weak individuals. In many cases of epilepsy in excitable patients, if the patient were put to bed before coming out of a fit and left quiet, an attack of excitement would be warded off.

Seclusion and restraint.—I find that I have used seclusion in cases of violent paroxysms of excitement, when I feared injury to or from the patient, to the following extent (this excludes cases of epilepsy and epileptic excitement): in 1879, ten individuals on eleven occasions; in 1880, six individuals on seven occasions; in 1881, nine individuals on thirty-three occasions; and in 1882, nine individuals on nine occasions. This record applies in this particular to the whole asylum population, averaging 450, not alone to the admissions during the four years. I am quite aware that in some asylum reports much is made of seclusion never being used; but if the patients are like those who come under my observation, I am very sure that in certain cases it is the safe, the humane, and the proper treatment. I have used restraint in all surgical cases where absolute rest was required. I do not think that the healing of a wound or broken bone should be delayed or imperilled because at one time restraint was abused.

What is the value of a recovery? Irrespective of the gain to the individual of his sanity and also of the amount which his labour may bring him during his future life, the relief to the union of his settlement in this county, at the present asylum rate of 9s. 7½d. a week, with the death-rate for twenty-one years averaging 7·7 per cent., means thirteen years' cost, or £325, if he keeps out for life. I have always thought this aspect of a recovery was not brought into proper prominence: outlay in sufficient medical attendance is more profitable than in stone and lime for additions, or in additional officers for the purposes of management.

Are the recoveries real? Who can say till their life history is finished? It would be as wrong to detain in an asylum after a reasonable probation a person who as far as can be judged appears sane, as to keep in a hospital a patient recovered from pneumonia for fear exposure should bring on another attack. In some cases I am sure rapid discharge is the proper course for the patient's sake, in others a lengthened

period of probation. To form any opinion as regards the real value of discharges in a short period would be fallacious, but the results of ten years' admissions, discharges, re-admissions, and deaths will allow of discussion. In the ten years ending 1882, 1182 patients were admitted; 268 were re-admissions; the recovery-rate was 47·3, the average death-rate 8·1, and the increase by retention was 121. The 560 patients who recovered consisted of 508 individuals; 52 appeared more than once—viz., 1 five times, 2 four times, 10 three times, and 39 twice; 138 of these recovered were resident under three months. Of this number 28 have so far been re-admitted, but 4 only within the year of discharge.

My experience convinces me that, given the same character of admissions, the more individual medical care, attention, consideration, and judicious curative treatment an insane patient receives, the greater will be his chance of recovery, the higher will be the asylum recovery-rate. We must in this branch of medicine plod along like the rest of our medical brethren, adding by persistent observation to our knowledge, though it may be very slowly and little by little.

I am glad to say that in this asylum the percentage of recoveries has so far not lessened, as shown by the concluding table:—

Table showing General Results of Three Periods comprising Fourteen Years.

Period of	Total Admissions.	Percentage of	
		Epileptics, Imbeciles, and General Paralytics.	Recoveries.
Five Years ending 1872 ...	572	15·7	44·0
„ „ „ 1878 ...	576	13·9	48·0
Four „ „ 1882 ...	495	10·9	47·4

In the last period ten chronic patients who had been boarded in another asylum owing to overcrowding here were brought back; they count in the admissions, and reduce the recovery-rate, which is calculated on the admissions. Were it not for this the recovery-rate would stand at 48·4, the highest of the three periods given.